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CASES
OF
ERYSIPELAS SUCCESSFULLY TREATED,
CHIEFLY BY
VENESECTION.

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THE following series of cases, which occurred in the Clinical Wards of the Royal Infirmary during the present summer, appears to me to possess a degree of interest sufficient to justify their early publication. It seems calculated to remove a prejudice, very generally entertained by the profession, respecting the medical treatment of the Rose. After the abundant experience we have lately had of the safety and advantage of venesection in many diseases in which it was formerly prohibited, especially in continued fever arising from contagion, in small-pox with typhoid fever, and scarlatina with malignant sore throat, the extension of the same powerful remedy to another febrile disease, with cutaneous inflammation, seemed to be naturally suggested. Yet, so far as I know, it has not been brought so fully to the test of experiment as in the series of cases in which I employed it.

During the spring and summer, erysipelas has occurred frequently, both in private practice and in the Hospital, not alto-

gether without the suspicion of its being propagated by contagion; and I readily seized the opportunity thus presented, of ascertaining whether the ideas I had formed of the pathology of this disease were more correct than those generally entertained.

I am well aware that blood-letting has been, and perhaps is, often employed * in the treatment of erysipelas; but it is not a general practice; and the writers of greatest authority represent it as admissible only in certain cases and forms of the disease, of comparatively rare occurrence. In proof of this, it will be sufficient to quote a few of the most esteemed modern authors. Richter recommends, in the common febrile rose, laxatives and diaphoretics when the disease is slight, and emetics when it is more severe; and in the inflammatory rose, *erysipelas phlegmonodes*, he says the antiphlogistic treatment, and even detraction of blood, are here proper. "But in no other inflammations must we exercise so much caution in their employment as in the rose; especially when, at the same time, bilious symptoms are present. Commonly local bleedings are sufficient. Leeches are applied behind the ear, and sometimes it is necessary to repeat them. According to rule, it is only the rose of the face, which attains such a degree as to indicate the detraction of blood, especially when there are symptoms of sympathetic inflammation of the brain, violent headach, strong pulsation of the carotids, delirium, and coma. In such a case, sometimes even a small general bleeding is necessary; by which means, undoubtedly, the termination in suppuration, which is always dangerous, may be avoided." † Reil expresses a very similar opinion. "If the rose be complicated, especially with general fever, with inflammation of the brain and of the lungs; and if this fever, as well as the rose, have the character of synocha; if the patient be young, plethoric, and robust, we must let blood once and again, and, after the venesection, apply leeches. But blood must be drawn only when it is indicated, and not more than is indicated; especially as the rose is apt to arise in a concurrence of circumstances which do not bear large evacuations of blood." ‡

Callisen does not even allude to blood-letting, when he enumerates the remedies employed in erysipelas. Similar cautions

* Mead, Sydenham, Cullen, Burserius, &c. &c.

† Die specielle Therapie von D. August. Gottl. Richter. II^{ter} Band. Berlin, 1813, p. 225.

‡ J. de Reil Fieberlehre. I^{ter} Band. p. 569. 8vo. Hall, 1804.

regarding the use of blood-letting in this disease, are given by the French popular writers on Surgery. Desault admitted two species of erysipelas, the bilious and phlegmonoid. In the former, which, he says, is the common and genuine form of the disease, he trusted entirely to antimonial emetics; and expressly observes, that "the disease was more obstinate and severe, when the patients had been bled before admission into the hospital, and especially when it had been twice or thrice repeated." * Renauldin, author of article Erysipèle, in the *Dictionnaire des Sciences Medicales*, also recommends the use of emetics generally, conceiving the disease to consist in a kind of bilious plethora; but adds, "that if the patient be vigorous, and of a sanguine temperament, there is not a better means of calming the violence of the symptoms than by opening a vein of the arm, or rather of the foot, when the erysipelas is seated in the head, and threatens that part with sanguineous conjections."

To show the general opinion entertained in our own country, it will be sufficient to quote one or two of the most popular authors. It is unnecessary to go farther back than the deservedly celebrated Mr John Pearson, who, in speaking of the treatment of acute erysipelas, says, "General bleeding is not recommended in this place as a cure for erysipelas, in the same sense in which it may be said to remove an inflammation; it is advised with the intention of obviating the effects produced in the system by so severe a stimulus as acute erysipelas. Indeed, cases very rarely occur in large towns where bleeding is at all admissible; and a repetition of the operation will very seldom be necessary or advisable."

In regard to œdematous erysipelas, he says, that "general bleeding is inadmissible, almost without exception. The propriety of topical bleeding is chiefly applicable to those cases where there is danger of an affection of the brain: but very great nicety is required in determining upon this evacuation, where there is the least disposition to a *metastasis*. I have seen the most dangerous symptoms immediately supervene, to the loss of a very small quantity of blood." †

Dr Willan is equally hostile to venesection. "All the ancient writers, except Galen, recommend blood-letting as a principal remedy in the treatment of erysipelas. This practice must

* Œuvres chirurgicales de P. J. Desault, par Bichat. Tome 2d, p. 589. 8vo. Paris, 1801.

† Principles of Surgery, for the use of Chirurgical Students. By John Pearson, 8vo. London, 1808.

evidently be improper in the three forms of the disease last described; and even in the *erysipelas phlegmonodes* it does not always appear necessary. When the blood drawn is sizzly, practitioners are often induced to bleed a second time; but we generally find, in London, that repeated blood-letting aggravates the symptoms, and protracts the disease. In a comatose, or apoplectic state, the application of leeches, or cupping-glasses at the nape of the neck, may be advisable." *

Dr Bateman follows Dr Willan in his cautions respecting blood-letting; and in the latest work which has reached me, and one of great merit, there is so guarded a recommendation of its use, that it would rather deter than encourage a young practitioner to have recourse to it. "I have rarely practised it myself; but when I have, the symptoms have abated in consequence, but the recovery has been protracted." †

These quotations are sufficient to show, that many of the chief authorities in pathology consider diffuse inflammation of the cutaneous texture as different in kind from inflammation of the cellular or serous membranes; or, at least, that the skin is most commonly attacked with an inflammation different in kind from that which commonly affects the other textures, and requiring an almost opposite mode of treatment; and they distinguish them by the names of adhesive or phlegmonic inflammation, and disjunctive or erythematic inflammation. But I have long been inclined to adopt a simpler view of the subject, and to consider inflammation, upon whatever proximate cause it may depend, as identical in kind, and differing only in degree, or in respect to the texture or functions of the part affected; and that, with slight modifications, the same treatment is adapted to all.

Formerly, it was considered as a problem of the greatest importance; and it certainly was one of the greatest difficulty, to be able to determine, in cases of general fever accompanied by symptoms of pectoral inflammation, especially when the local inflammation supervened, as it often did, towards the conclusion of the fever, what was the nature of the fever; because a very different treatment was supposed to be necessary in *pneumonic typhus*, as the disease was called, from what was necessary in pure inflammatory pneumonia. Often have I seen the most

* On Cutaneous Diseases. By Robert Willan, M. D. 4to. London, 1808.

† Observations on some of the General Principles, and on the particular Nature and Treatment, of the different kinds of Inflammation. By Q. H. James, Surgeon to the Dover and Exeter Hospital. 8vo. London, 1821. pp. 245.

urgent inflammations of the lungs treated with large doses of camphor, musk, opium, wine, and even brandy, because it was accompanied with typhus fever; and although dissection showed the same pathological changes that occurred in the purest synochal inflammation of the lungs, still venesection, and even a simple purgative, was dreaded, as, from the character of the fever, all depletion was held to be inadmissible. This error is now pretty generally exploded; and when symptoms of local inflammation of an important organ occur, we do not hesitate to bleed locally and generally, even though the accompanying fever should be of that type commonly called typhoid, and, in fact, we find that the fever is relieved at the same time with the inflammation. Local inflammation may, and every day does occur, in persons the most debilitated, whether from preceding febrile or chronic affections; and it can only be counteracted by the same remedies, modified in degree and application, which are used against it in the most vigorous individuals.

But as I believe that there is no such thing as typhoid, or asthenic inflammation, neither do I conceive that the disease differs in kind, or requires an opposite treatment because it attacks a different texture, and is diffuse and erratic, instead of being limited and fixed. In scarlatina, of which a principal symptom is diffuse and somewhat erratic inflammation of the skin, cold water, purgatives and venesection, have been successively employed with increasing advantage; and the treatment of angina maligna itself requires the same general remedies to be employed with greater boldness, with attention to the local symptoms. The transference of the same therapeutic principles to erysipelas was obvious; and experience has, I think, supported the theory.

CASES.

CASE I.—CATHERINE M'DONALD, æt. 24, married, nursing.—*13th May.*—Is affected with tumefaction of a dusky red colour, and pain, of the face and scalp, with coma, and a partial loss of memory. The palpebræ are closed, and discharge a little purulent matter. She complains of general soreness, sickness, and inclination to sleep, without the power. Pulse 114, full and strong; heat 96; respirations 30; skin hot; tongue whitish, dry in the middle, and moist on the edges.

Complaints commenced on the 6th inst., with general soreness and pains, chiefly affecting her head and face. Next day, redness, pain, and swelling of the face and scalp came on, with large blisters on

her cheeks, which, when punctured, discharged a watery fluid. Has taken some opening medicines; has also had fomentations and a vomit, from which she thinks she was worse.

Mittatur sanguis ad ℥xx. Sumat bolum jalap. composit.

14th.—Was bled to twenty ounces; blood buffy and cupped, with copious serum; seven stools from bolus; had a restless night, from frequent retching of much tough phlegm; inflammation gone from the face, which has desquamated; it is still however swelled, especially on the left side; can open her eyes; and complains only of sickness; pulse 106, still hard; heat 98; skin natural; tongue foul and parched, with bad taste; great thirst; urine natural.

Impon. vesicat. sat amplum pone aurem sinistr. Repet. V. S. ad ℥xx.

15th.—Bled to twenty ounces; blood presents a thick buffy coat, with copious serum; blister rose well; had a bad night from sickness; moans a great deal; eyes water much; left temple swelled, tense, and puffy, tender on pressure; some torpor; but complains of want of sleep, and of severe soar throat; pulse 100, not full; tongue foul; very bad taste of mouth; no dejection; urine fbj., high coloured, with a light cloud; epigastrium tender.

Admov. hirud. xx. epigastrio.

℞ Sulphat magnes ℥j. Tartrat. antimon. gr. iv. Aquæ ℥xij. capiat ℥j. omni hora.

16th.—Was relieved by the leeches; erysipelas gone; she continued to improve, complaining principally of bad taste of mouth, and tenderness of epigastric and umbilical regions, till the 21st, when she was perfectly convalescent.

CASE II.—HELEN FINLAY, æt. 30, nursing. Was admitted a patient into the Clinical Wards on the 7th May, for a severe affection of the head, arising from a blow. On the 11th, an incision was made on the tender part, down to the periosteum, which gave instantaneous relief; and she continued well till about three P. M. on the following day, when she was attacked by a severe pain around and within the left ear, which she described as being unlike the former pain. On the 13th, it had increased over the left temple, and darted towards the eye; the parts were tender and puffy; but there was no appearance of external inflammation. A second incision was accordingly made, which gave great pain for several hours, but relieved the pain of head and fulness of ear.

Applic. cataplasma. capiti et postea curetur incisio unguento hydrargyri.

15th.—Scarcely any pain of the head; but complains of stiffness of the neck.

16th.—Bad night, from pain of the incision; lymphatics of left side of the neck swollen, hard, and very tender, with great stiffness, and general tenderness of the neck.

17th.—Pain of neck and head a little relieved by fomentations; it is still, however, very severe; had a bad night, and has been sick; she has also had frequent cold and shivering fits, succeeded by flushing and sweating of left side of the face, which is swollen and very tender; no feeling in the wound; pulse 120, febrile; tongue foul; no appetite; great thirst; six dark dejections from salts.

Emittant. stat. sanguin. ℥xx. et Repet. fot. sæpies indies.

18th.—Bleeding quickly relieved the severity of the pain; had a bad night, from pains and retching; wound disposed to slough; face more swelled, and neck is very tender; pulse 120; skin very hot; tongue thickly furred; no appetite; great thirst; five watery dejections; urine turbid.

Repet. V. S. ad ℥xx. Let hot dressings be applied to the wound.

19th.—Twelve ounces of blood drawn with relief; in one vessel, blood buffy and cupped, in the other not; hot dressings agree; passed a bad night, sensible in the earlier part, but very delirious during the latter; complains much of sickness, but of no pain; great retching; wound suppurates freely; edges inflamed; the nape of the neck, and all the left cheek, are very much swollen, red, and very tender on pressure; left eye closed; epigastrium tender; pulse 130, full; heat 105°; respirations 40, and laborious; skin ardent and dry; tongue very foul; no appetite; great thirst; four loose stools.

Admov. vesicat. satis amplum inter scapulas; et hirud. xx. epigastrio.

20th.—Leeches bled well, with great relief; blister has not operated well from frequent shifting; was very restless and delirious during the night, but is more composed this morning; swelling of face increased; both eyes completely closed; redness less vivid, and in patches, with defined margin in some places; considerable hardness at the nape of the neck; pulse 116, soft, natural; heat 104½; respirations 28; tongue very foul; no appetite; great thirst; two dejections; urine fbj., with a slight cloud.

℞ Sulphat. magnes. ℥j. Tart. antimon. gr. iv. Aquæ fbj. capiat ℥ij. omni bihorio.

21st.—Only three doses of solution taken; has been in a state of constant delirium since yesterday's visit; face more swelled; both eyes still closed; some desquamation; desires drink, but appears to have some difficulty in swallowing. Pulse 126, rather weak; heat 104½; tongue very foul; no stool since the 19th; a purgative enema given immediately before the visit being partially returned with little feculent matter.

Repet. stat. enema purgans. Sumat. tinct. convolv. jalap. ℥ij. omni bihorio incipiens statim. Intr. alia.

22d.—Clyster produced several copious alvine evacuations; had a bad night; was very delirious, talking constantly; four doses of tincture taken, and four stools passed unconsciously; face still much swollen; the skin is corrugated, and there is considerable desquamation; eyes

closed, with purulent discharge. Pulse 124, of moderate strength; heat $104\frac{1}{2}$; respiration easy; skin hot to feel; no appetite; great thirst; urine dark, with sediment; blister discharges freely.

Intr. tinct. jalap. Injiciatur statim enema purgans. Admoveantur fronti hirud. xij. et sumat statim haustum anodynum antimoniale.

23d.—Injection brought away a good deal of natural loose stools; nine leeches bled well; anodyne draught procured deep sleep till two this morning, when she awoke free from delirium; and she makes no complaint. Erysipelas still of a lively colour on the chin. A dark-coloured erysipelatous redness is spreading over the shoulders and neck; there is also a considerable bruise on the right hip from lying, of a dark colour, without surrounding erythema; swelling of the upper part of the face much fallen. Pulse 104, small; heat 100; respirations easy; skin cool; tongue foul; great thirst; two small loose stools. Asked for food this morning.

Admov. hirud. xij. summo sterno. Illinatur pars contusa tinct. saponis cum opio. Let her have a pound of beef-tea.

24th.—Twelve leeches bled well, and she appears more composed; makes inquiries after her child; slept little during the night, but there was no delirium; called frequently for drink; has taken a little bread, softened with warm water; had three loose stools last night; and a purgative injection given this morning brought away some natural feces; passes urine in bed, but consciously; upper part of the face much less swelled, and desquamating freely; erysipelas spreads downwards, both on the back and around the neck, and she makes little complaint; bruised spot on the sacrum has no surrounding inflammation, it is very black and hard, and does not appear to be deep. Pulse 124, rather feeble; heat 102; respirations 28; tongue foul, but moist; little appetite; great thirst.

Capiat acidi sulphurici aromatici gtt. xx. ex aquæ cyath. omni bihorio.

25th.—Had a copious natural stool last evening, and felt great relief from bathing her face and eyes, which enabled her to open the eyelids; slept till one this morning, without any delirium; and when she awoke, was quite sensible, and appeared refreshed; erysipelas continues to spread down the back. Pulse 128, of more strength; skin natural; tongue white and coated; thirst not so great; one loose stool; urine, lbii. with very copious whitish sediment.

Contin. acid. sulphuric. aromatic. Let her have tea when she wishes it.

26th.—Medicine taken five times; had a good night, and appears more composed. Erysipelas spreading down the back, but not so florid or tumid; complains of bad taste and debility. Pulse 100, of moderate strength; heat 98; tongue rather dry; appetite tolerable; thirst not so great; five stools; urine abundant.

Contin. acid. sulphuric. aromatic.

27th.—Had a good night, and took some food yesterday evening

with relish; reports herself much better, and tired of lying; erysipelas continues to spread, but the colour is more faint; bruise on the hip is stationary; no return of the original affection of the head. Pulse 90, intermitting; heat 98; tongue white and coated; appetite and thirst moderate; four greenish loose stools.

Contin. acid. sulph. aromat. Let her have, at her own desire, four ounces of currant jelly, and half a bottle of porter, daily.

28th.—Porter taken, and agrees; had a tolerable night, and thinks herself better; dozes frequently; erysipelas not spreading, and the redness is very faint. Pulse 96, intermitting; three dejections.

Contin. omnia.

29th.—Had a tolerable night; discoloration of skin nearly gone; and there is some slight livid tumefaction of the eyelids. Pulse 98, of good strength; tongue dry; appetite much better; three dark dejections; urine lbiss.; considerable listlessness and debility.

Intr. medicam. Let her have half a pound of steak daily, with four ounces of port-wine made into negus.

30th.—Erysipelas has terminated, and the functions are become natural.

CASE III.—ELIZABETH MORRISON, æt. 23, servant. Was admitted into the Clinical Wards on the 12th June, for a severe attack of pleuritis, for which she had been bled to 30 oz.; and purgatives, blisters, and colchicum had been used. She had nearly recovered, when, on the evening of the 17th, she had a shivering fit, followed by coldness during the night, and a flushed face next morning; there was also great febrile excitement, headach, and pain of the back. Pulse 140, sharp; respirations about 60, irregular; great perspiration; tongue tremulous, with white fur; great thirst; no appetite; no dejection.

Emitt. stat. sanguin. \mathfrak{z} xx. Injiciatur enema purgans. Bibat etiam potum vegetabilem acidum ad libitum.

19th June.—Only 14 \mathfrak{z} . of blood were obtained; gave considerable relief; blood buffy and cupped, with copious serum; had a bad night from thirst and sickness, with much delirium; has great headach; pulmonic affections have ceased. Pulse 132, neither full nor hard; skin hot, but moist; tongue white; no appetite; great thirst; four stools; urine lbiss. with a cloud.

Abscindatur coma. Contin. potus.

Hor. octav. vesp.—Has severe pain in the left breast, which is swollen, red, and very tender. Pulse 140, hard and sharp; heat 101 $\frac{1}{2}$; tongue white; bowels not open; urine high coloured.

Repet. V. S.

20th June.—Bled to fourteen ounces, and felt relieved; blood very buffy and cupped, with copious serum; hot fomentations of vinegar and water gave great relief to the breast; was attacked during the night with vomiting and purging; vomiting abated on taking three doses of a mixture of magnesia and rhubarb in peppermint water;

breast not so painful, and is less swelled. Pulse 108; heat 101; tongue not so white; frequent dejections.

Repet. fot. acet. tepid. Capiat infusi colombæ ʒij. omni bi-horio.

21st.—Six doses of bitter infusion taken; fomentations once used; pain, swelling, and redness of breast much diminished. Pulse 100, good strength; two stools.

Contin. infus. colomb. Let her have lbj. beef-tea daily.

22d.—Has pain of bowels, which she ascribes to the mixture; left breast easy and less swelled. Pulse 100, good strength; three dejections.

Intr. infus. colombæ. Capiat sulphat. magnes. ʒj. ex aquæ cyath. bis indies.

23d.—Had a slight return of pain in the left breast last night; relieved by the fomentations; is not so much swollen, but tender on pressure; no redness; begins to desquamate. Pulse 108, good strength; one dejection.

Contin. fot. aceti mammæ sinistræ. Capiat elect. laxantis ʒj. omni hora ad catharsin.

24th.—Breast quite easy.

25th, 26th.—Improves generally. 27th.—Convalescent.

CASE IV.—CATHARINE M'INTYRE, æt. 20, servant, full habit. Was admitted into the Clinical Wards on the 10th June for continued fever, for which she had been treated antiphlogistically with copious venesection, and a blister had been applied to the sternum. On the 19th, a diffused inflammation appeared on the left breast, which is swollen, painful on pressure, but not much indurated. Passed a bad night. Pulse 120, moderately full; heat 101; skin hot, and very moist; face flushed; great headach; no delirium; tongue white; no appetite; great thirst; three dejections; urine lbi.

Emittant. stat. sanguin. ʒxxx. Sumat etiam sulphat. magnes. ʒj. cum tartrat. antimonii gr. ij. ex aqua.

20th June.—Solution operated twice, with some sickness; twelve ounces of blood drawn; felt great relief at the time; blood buffy, cupped, with copious serum; had a good night after an anodyne antimonial draught; pain of breast abated, but redness and swelling continue. Pulse 112, small and sharp; heat 102; skin hot; tongue white; two dejections.

Contin. mist. sulphat. magnes. et tartrat. antimon.

21st.—Had a good night, without the draught; pain of left mamma nearly gone, except on pressure; less general swelling, but the redness continues without any vesications. The right breast is also affected; especially the lower part, where it is red and swollen, without any pain. Face not so flushed; less headach; and she is, upon the whole, much better. Pulse 116, somewhat sharp; tongue white; less thirst; two dejections; urine high-coloured.

Contin. omnia.

Hor. octav. vespertin.—Left breast much more swollen, and painful; and the redness is extending rapidly, of a more dusky colour, and some large vesications have arisen. The right is swelled and inflamed; but not nearly so much as the left. Countenance flushed, and anxious. Pulse 118, of good strength; heat 101; skin hot; tongue white; urine dark, with a cloud; two dejections.

Emitt. sang. ζ xxx.; let the dilute saturnine solution be applied to the breasts, both of which are to be suspended by bandages around the neck.

22d.—Pain very much diminished, as well as the swelling and redness; blood buffy; crassamentum contracted, with copious separation of serum. Cold lotions applied constantly, and felt comfortable; vesications on left breast broken; face still somewhat flushed, but lips very pale. Pulse 126; heat 101; tongue white; two dejections; urine two pounds.

Contin. lotiones frigidæ, et bibat potum acidum vegetabilem ad libitum.

23d.—Tolerable night; lotions applied; but she has more pain in the left breast; and two small, but rather deep, ulcers have succeeded the first vesications. There are also several fresh blisters on the left mamma. The dusky red colour is increasing, and there is much œdematous swelling; there are also some small ulcerations on the lower part of the sternum, where the blister was applied for her former affection. Face less flushed; no delirium; headach continues. Pulse 124, of good strength; heat $101\frac{1}{2}$; skin warm; tongue white; little appetite; great thirst; four dejections; urine free.

Curentur ulcera unguent. acetatis plumbi. Contin. lotio frigida. Capiat bolum jalap. composit.

24th.—Breast still swelled; and she says there is no pain except in the ulcers. Pulse 114, good strength; tongue white; no appetite; great thirst; three dejections; countenance natural.

Contin. medicam.

25th.—Had a good night; but complains of violent pain of head and abdomen. Pulse 110; heat 103; three watery dejections.

Continue.

26th.—Shortly after the visit, was seized with rigors, lasting about an hour; and a large vesication appeared on the left mamma. The left side of the neck was also much swollen. Twelve leeches were immediately applied to the neck; and the body was sponged with cold water. Had a bad night from rigors, which were relieved by an anodyne camphorated draught.

27th.—Has no pain; ulcers in breast granulating; no dejection since the 25th.

Capiat stat. pil. colocynthid. gr. x. et repet. omni bihorio ad catharsin.

28th.—Bowels freely open from ten pills; inflammation of breast has subsided; the new vesications have desquamated, and the ulcers are granulating rapidly. Pulse 116; heat $100\frac{1}{2}$; tongue white; skin natural; appetite indifferent; urine free.

Contin. unguent. Intr. alia.

29th.—Good night ; erysipelas gone ; parts have desquamated, and the ulcers are healing.

CASE V.—ISABELLA LAIDLAW, æt. 30, servant, married. Was admitted into the Clinical Wards on the 13th June, affected with *cynanche tonsillaris*. On the 19th, complained of the left temple, which was swollen, red, and very painful. She observed it first on the evening of the 17th. Pulse 120, small ; tongue foul ; no appetite ; great thirst ; five stools ; urine fæj.

Applicentur tempori affecto lintea solut. dilutior. acet. plumbi madida.

20th June.—Cold lotion agrees ; had a good night ; and pain of left temple is diminished. There is still, however, considerable redness and swelling. Pulse 112 ; bowels not open ; tongue white ; urine scanty.

℞ Sulphat magnes. ℥j. Infus. sennæ ℥vj. Solve. Capiat ℥ij. omni bihorio ad catharsin. Contin. lot. frigid.

21st.—Cold lotions continued ; and three doses of senna have operated well. Erysipelas is now almost gone.

22d, 23d, & 24th.—Improves generally.

CASE VI.—MARY DUNSMORE, æt. 54, married. Admitted into the Clinical Wards on the 16th May, bedfast with chronic diarrhœa for many months ; had a bad night on the 21st June, from return of pain in the ear, lately complained of ; and it is now very red and tender, where a blister was formerly applied. On the 23d, the erysipelalous redness, with little swelling, and no pain, began to extend over the cheek ; pulse 120, small ; skin dry ; tongue foul ; no appetite ; great thirst.

Applic. solut. acet. plumbi dilutior parti inflammat.

24th.—Erysipelas has declined upon the left ear, but is very vivid on the left cheek, and is extensively spread on the right cheek and brow ; pain has abated since the cold lotions ; no vesications ; and the tumefaction is considerable ; pulse 100, rather small ; tongue foul ; no appetite ; thirst urgent.

Habeat vini rubri uncias sex indies forma potus. Contin. lotio frigida.

25th.—Vomits every thing but the wine ; erysipelas spreading, and of a dark red colour ; left ear swelled ; pulse 100, small.

Continue.

26th.—Great headach ; erysipelas now covers the whole face, except the lips and chin ; colour rather dark ; considerable tumefaction ; no vesications ; no vomiting ; pulse 98 ; tongue red, not foul ; great general debility.

Habeat vini rubri ℥viij. indies. Contin. lotio frigida.

27th & 28th.—Feels easier ; redness and swelling of the face declining ; and the cuticle is desquamating.

29th & 30th.—Improves generally ; erysipelas gone.

CASE VII.—ELIZABETH NELSON, æt. 29. Was admitted into the Clinical Wards on the 20th June, for an œdematous affection of the right leg, with great thickening of the skin, resembling elephantiasis. On the morning of the 25th, was attacked with pain of left leg, and shivering; and, in the evening, erysipelas was observed. She passed a bad night, and on the following day had great headach; face much flushed, and swollen; pulse 115, full; tongue very much coated; no appetite; great thirst; no dejection; urine high-coloured.

Emitt. stat. sang. ℥xxx. Capiat infusi sennæ ℥iij., et repet. omni tertia hora ad catharsin.

27th.—Bled to twenty-six ounces, and fainted; three doses of senna operated well; left leg not so red; countenance natural; pulse 92; urine fbj., light-coloured.

28th.—Three doses of senna taken, produced three dark-green dejections; a fresh patch of redness has appeared upon the calf of the left leg, but not very vivid; the former rose has declined; tongue foul, with bad taste; urine scanty and turbid.

29th.—Erysipelas gone, but considerable œdema remains. *Hor. octav. vespertin.* Has been complaining of pain of head, and heat of skin all day; and was attacked, this evening, with a burning pain of the right thigh, which is generally affected with swelling, of a deep scarlet colour; countenance flushed; has headach; skin becoming moist; no dejection; pulse 112, small and hard.

Emitt. stat. sang. ℥xxviii. Injiciatur statim enema purgans.

30th.—Bleeding gave great relief; blood cupped and buffy; injection operated well; had a tolerable night; redness of the thigh much less vivid, but spreading; no vesications; pulse 76, small; tongue white; four dejections.

1st July.—Redness disappearing on the thighs, but is spreading up the hip and back; pulse 88, natural; skin moist; tongue much furred, with bad taste; one dejection; urine one pound, high-coloured.

Sumat pil. colocynth. gr. x. bis indies.

2d.—Erysipelas disappearing, and has not been so well for two years past.

CASE VIII.—MARY ADAMS, æt. 80. Was admitted into the Clinical Wards on the 27th June, affected with general tumefaction of the face and head, of a deep red colour, and accompanied by a painful burning sensation in the parts so affected; eyes nearly closed; pulse 120, small, rather hard; respirations 26; heat 96; tongue clammy, coated white; no appetite; great thirst; bowels open; urine sometimes scanty.

On the morning of the 24th, was seized with rigors, shortly afterwards followed by pain, swelling, and redness of the face and head. Rigors have been frequent since the attack; and the erysipelas has become worse daily.

Emitt. sang. ℥viiij.

28th.—Pain and swelling of face abated since the bleeding; blood

slightly buffed, and cupped; feels greatly better; face not so red; eyelids begin to desquamate; vesications on nose full. Pulse 86, soft; heat 98; tongue loaded; appetite good; thirst moderate; no stool; urine less natural.

℞ Sulphat. magnes. ℥j. Tartrat. antimon. gr. iv. Aquæ fontan. ℔j. Solve. Capiat ℥ij. omni hora.

29th.—Solution operated well; colour and swelling of upper part of the face greatly diminished, and feels much better. Pulse 76; tongue dry and clean; thirst less; one stool.

Contin. solut. sed capiat ℥j. solummod. omni bihorio.

30th.—Eight doses of solution taken, followed by seven stools; face much improved. Erysipelas does not spread.

July 1st.—Face desquamating; continues to improve. 2d, 3d, 4th, —Improves in every respect. 5th.—Convalescent.

CASE IX.—ANGUS M'KAY, æt. 33, fisherman. Admitted into the Clinical Wards on the 26th June, affected with sore throat resembling sibbens. On the 9th of July complained of a painful swelling in the cartilage of the left *ala nasi*, which subsided on the application of a leech. On the 12th, the same part of the right *ala nasi* was similarly affected; and the pain abated considerably on the application of a leech. On the 14th he complained of swelling and pain in the parotid and sub-maxillary glands; with some salivation from mercury, which was intermitted. On the 15th, about 12 *a. m.* was seized with coldness. Pulse 96, strong and throbbing; tongue furred, and dry in the middle.

Emitt. sang. ℥xx. et hora somni habeat haust. anod. antimon.

16th.—Venesection gave some relief; blood showed no buff, and little serum; complains much of pain of throat, which is swollen both internally and externally. Pulse 130, full; heat 101; great thirst; slight cough.

℞ Olei crotonis tigllii gtt. j. Olei ricini ℥ss. Aq. menth. pip. Aq. font. ā ℥ss. Fiat haust. stat. sumend.

17th.—Bowels open from the draught; has great difficulty in swallowing; external swelling of fauces greatly increased; nose swollen, hard, and red.

Admov. faucibus externis emplastrum vesicatorium, et ℞ Tartrat. antimon. ℥j. Aquæ ℥ij. Solve. Capiat ℥j. omni semihora sine potu ad vomitum usque.

18th.—Vomited some greenish matter, after two doses of the solution. Blister applied round the throat; but it is much more swollen, especially on the left side. Inflammation of the nose increases, and is spreading over the cheeks with great pain; the throat appears to be inflamed internally, and his tongue is very red and coated; eyes inflamed, and discharge purulent mucus; feels much weaker; slight delirium. Pulse 128, full; heat 102.

Intr. medicam. Emitt. stat. sang. ℥xxx. et Capiat tinct. digit. gtt. xii. quater in dies, ex mist. mucilaginosæ ℥ij.

19th.—The abstraction of 30 oz. of blood gave great relief; and 24 oz. more were taken with additional relief. Blood very buffy; slept well, and feels better; swelling is more diffused, but there is little redness. Bullæ have scabbed on the centre of each cheek; eyes closed, and discharge purulent matter. Pulse 108; large. Appetite tolerable; thirst much less; bowels costive. Tongue red, and horny in the centre; furred at the edges.

℞ Sulphat. magnes. ℥j. Infus. sennæ ℥vj. Solve. Sumat ℥iij. statim, et repetatur dosiſ si opus sit. Let him have lb ss. beef-tea daily.

20th.—Face still much swollen, and eyes closed, without great redness. Tongue red, tremulous, horny, and cracked in the centre; furred on the edges. Pulse 116, large and strong; heat 104; skin pungent, without perspiration; great thirst; appetite tolerable; bowels very open from medicine.

Intr. solutio purgans. Repet. V. S. et eliciantur sang. ℥xxx. Bibat diluentia tepida.

21st.—Twenty-eight ounces of blood taken with some relief, but he feels rather weaker; blood not so much buffed as formerly, with scanty separation of serum; considerable wandering; pulse 112, full and large, not hard; tongue nearly as yesterday, but horny stripe is narrower; bowels regular; makes no complaint.

Contin. pot. tepid, et foveatur facies aqua tepida cum lacte.

22d.—Is delirious, but is sensible of it. Erysipelas much declined, and does not spread; reports himself easy; pulse 116, full; tongue red, and very foul; no swelling of salivary glands; thirst less; appetite bad; bowels regular.

Sumat stat. sulphat. magnes. ℥iiss. ex multa aqua.

23d.—Improves generally; eyes open; pulse 68, full and firm.

24th, 25th, 26th, 27th.—Complains only of weakness; convalescent.

CASE X.—*July 12th.* WILLIAM LATIMER, æt. 36, coachman. Complains of headach and pain of back, with a sense of coldness in the breast and limbs. Has a slight cough, with increased secretion of saliva, and some viscid expectoration. The velum and uvula are also covered with small white specks. Pulse 108; heat 101; skin hot; tongue loaded; bowels regular; urine high-coloured.

On the 8th inst. was seized with pain of back and limbs, accompanied with rigors, having been exposed, on the 6th inst., in wet clothes.

Cap. stat. bol. jalap. composit.

13th.—Awoke, in the latter part of the night, with pain of right cheek, shooting to the ear; and it is now covered by a flat circumscribed swelling, of a pale livid colour. Cough short and frequent, with considerable expectoration; no pain of breast; pulse 108, full; heat 102; tongue very much loaded; bad taste of mouth.

Fiat stat. V. S. ad ℥xx, et foveatur gena aqua calidâ cum aceto.

14th.—No obvious effect from bleeding; blood very buffy; had a bad night; and the inflammation now extends over the whole cheek;

the ear is worse, and covered with large vesications; great swelling behind the angle of the right jaw; no sickness, or pain of epigastrium; pulse 116, full; heat 101; tongue loaded.

Intr. medicamenta et \mathcal{R} . Tartrat. antimoni. \mathfrak{z} i. Aquæ fontan. \mathfrak{z} ii. solve. Capiat \mathfrak{z} i. sine potu omni bihorio.

15th.—Eight doses of solution taken. Vomited some tough, green, ill-tasted matter, after the third dose, and only once after. Quiet night, without sleep. Redness and swelling extend, but pain not so great; right eye nearly closed, and vesications on the right cheek scabbed; some nausea, with bad taste of mouth; pulse 116, of good strength; heat 100; tongue loaded; bowels open; no delirium.

Contin. solut. tartrat. antimon.

16th.—Medicine taken several times without producing sickness. Feels weaker, and complains greatly that he has no sleep. A large vesication has burst on the left cheek. Tumefaction and redness extend down the right side of the neck; pulse 116, not so full; heat 99; tongue loaded, and dry in the middle; appetite better; thirst great; bowels open; no delirium, or pain of epigastrium.

Intr. solutio tartrat. antimon. et sumat statim haustum anodynum antimoniale.

17th.—Antimonial opiate draught gave great and immediate relief. Has slept well during the day and the night. Erysipelas does not extend; bullæ all scabbed; pulse 100; bowels open; urine natural; little thirst.

Repet. haust. hora somni.

18th.—Great pain of head, rendered very acute on the least motion, prevented sleep. Feels as if his head was greatly enlarged; face and right ear desquamating; left ear acutely inflamed, and the erysipelas extends down the back of the neck; pulse 108, moderately full; heat $99\frac{1}{2}$; appetite bad; great thirst.

Emitt. sang. \mathfrak{z} xx. et \mathcal{R} . Tartrat. magness. \mathfrak{z} j. Tartrat. antimoni. gr. iv. Aq. fontan. \mathfrak{z} x. Sumat. \mathfrak{z} ij. omni bihorio.

19th.—Slight relief from the bleeding; and, as the blood presented an uncommonly thick buff, and there was no alteration in the pulse, twenty ounces more were taken in the evening with decided relief. The blood from the second bleeding also had a very buffy coat. Had a good night; complains of sore throat, and speaks in a whisper. Erysipelas does not spread; sensation of enlarged head has ceased; no delirium; heat 100; takes no food, but desires acids.

20th.—Progress of erysipelas has been checked, and the skin begins to return to its natural colour. 21st, 22d, 23d.—Complains of weakness. 24th.—Convalescent.

I have preferred giving an abstract of each of the cases which occurred during the course, to making a selection of those which might appear to me most striking and conclusive in favour of my opinions; because the history of the epidemic, if it may be so called, is thus rendered much more complete and authentic.

In this way, not only a just idea of the general form of the disease is communicated, but also the comparative frequency of the symptoms, and the variety of their combinations, may be judged of.

There can, I think, be no reasonable doubt that all these cases were essentially the same disease; differing in extent, severity, duration, and in some of the external symptoms. According to Cullen's Nosology, they are all referable to the order of Exanthematous diseases, or diseases in which a cutaneous eruption, or inflammatory state of the skin, is preceded by general pyrexia. And here I cannot avoid expressing my regret, that Willan, to whom we are so much indebted for the introduction of a definite terminology adapted to cutaneous affections, and to the fuller exemplification of the advantages to be derived from attention to precision in the description of disease, should have employed the term Exanthematous in a totally different sense from preceding writers; and thus have given rise to confusion, while he leaves the characteristic character of a most natural family of diseases without a common name. Of the genera into which Cullen has divided the order Exanthemata, the only genus to which these cases can belong, is *Erysipelas*; although some of them, from the absence of all vesication, do not correspond with the definition of any of the species. To suit them and similar cases, a species, which might be called *Erysipelas læve*, should be added. Cullen's distinction between *Erysipelas* and *Erythema*, although very generally overlooked, is well-founded, and truly philosophical.* The external appearance in both may be exactly alike; but in *Erysipelas* it is symptomatic of the general affection, in *Erythema* it is primary; and the general affection, if any be present, is only symptomatic. *Erythema* may be at any time excited by applying a sinapism to any part of the body. The skin will be affected in a manner very much resembling the external character of *erysipelas*; but the essential difference of the two diseases is obvious. The one is a simple Phlegmasia, the other an Exanthema; the one *Erythema*, the other *Erysipelas*.

The varieties of the disease, as observed in these cases, is irreconcilable with Willan's Nosology of Cutaneous Diseases, now so generally followed, which would require them to be referred not only to different genera, but even to distinct orders. In five of the cases, Nos. 2, 3, 5, 6 & 7, there were no vesications. These are, therefore, to be referred to Willan's order

* An Essay on the Diagnosis between *Erysipelas*, *Phlegmon*, and *Erythema*. By George Hume Weatherhead, M.D. 8vo. London, 1819.

of *Exanthemata*, or rashes, and to his genus *Erythema*. Vesications occurred in the other five; which, therefore, belong to the order *Bullæ*, and the genus *Erysipelas*. But assuming, as I do, that the disease in all was essentially the same, a Nosology which dissociates them on account of the difference of an accidental symptom, cannot be founded on proper principles. Even if the presence or absence of vesications indicated distinct degrees in the severity of the disease, the objection would be valid; but this is not the case; for No. 2, where there were no vesications, but only, as in *Scarlatina*, extensive desquamation, was one of the most severe, while No. 4. and 8. were comparatively slight. The insufficiency of the presence or absence of vesications to constitute an essential distinction in this disease, was strikingly exemplified in cases Nos. 3. and 4., in which it occurred at the same time, and affected the same part, the mamma.

In No. 4, the form and mode of the eruption exactly resembled *Pompholyx solitarius*; but the inflammation round the bullæ, and the fever, are inconsistent with Bateman's description of that genus. It was characterized by the vesications appearing in the form of a few large hemispherical bullæ, distinct from each other; and thus presented a very different appearance from common erysipelas, in which the eruption consists of numerous confluent vesicles. It might almost be considered as an example of *Pemphigus*, the very existence of which Dr Bateman doubts, though upon insufficient grounds; and I may here mention, that I have lately seen, in private, a case of undoubted *Pemphigus*, or of idiopathic fever, in the course of which phlyctenæ, or vesications of considerable size, with an inflamed and very painful base, appeared on the fingers and hands, and in the roof of the mouth. The disease occurred in a young lady, and did not affect any other individual in the family. Its duration was about 14 days; and it terminated in the desquamation of large pieces of cuticle, as in scarlatina. In short, it was a case of continued fever, with bullous eruption as a symptom. Dr Willan suggests, that cases such as that now described are instances of erysipelas, with some slight variation; and certainly the distinction between the two diseases is not essential.

From the review of these cases, as well as from many others formerly observed, Dr Willan does not appear to me to have succeeded in establishing real distinctions between the species into which he has divided the genus *Erysipelas*. *E. phlegmonodes* is described as differing from *E. œdematodes*, in the inflammation being more acute in the former, and the cellular effusion being greater in the latter. The difference appears, however,

to be only accidental, and arising from the constitution of the person affected, and the greater or less abundance of loose cellular membrane in the part. What is of more importance, the inflammation and effusion are often directly, and not inversely, as each other, in degree; so that we see a high degree of inflammation connected with great œdema. This took place especially in No. 9, also in No. 1, 2, 3, 4, &c. When there is much cellular effusion, the paleness of the colour is the effect of mere mechanical distension, and not a mark of less active inflammation. Nor does the occurrence of small phlegmons, during or after the erysipelas, constitute an essential character. They were observed in No. 2, 4, 9 and 10, which otherwise differed considerably.

Willan's third species, *E. gangrænosum*, is characterized by its mode of termination, rather than by an essential difference in the disease; and Bateman distinctly allows, that it commences like one or other of the preceding species. When it has a tendency to occur, it may be prevented by proper treatment; and there is little doubt that it may also be produced by improper treatment, when there was no tendency to it. Excepting one case, which came on after venesection, and terminated fatally, and which I shall take another opportunity of describing, no case of *E. gangrænosum* occurred in this course. The case most resembling it in the livid colour of the inflammation, was No. 10.; but whether owing to the active treatment employed or not, it did not terminate in gangrene, and the convalescence was good. In No. 2. there took place two considerable gangrenous eschars on the *nates*, but these parts were not affected with erysipelas; and the affection was entirely the consequence of continued pressure in a system under febrile derangement,—an occurrence which we have had too many opportunities of observing in the late epidemic fever, in spite of the utmost attention to cleanliness, and to the means of obviating the effects of pressure.

Willan's last species, the *E. erraticum*, is characterized by a phenomenon which is rather common to the genus, than characteristic of a specific difference. Mr Pearson considers the progression of the inflammation as belonging to the *E. œdematodes*; but it is not less frequent in the *E. phlegmonodes*, and perhaps more so in the *E. gangrænosum*. The only cases in which the erratic nature of the inflammation did not distinctly show itself, were Nos. 3. and 5. In most of the others, especially Nos. 2, 7 and 10, it was very remarkable; and Mr Pearson's remark, that each renewed accession of the complaint was less and less severe as it receded to a greater distance from the part first affected, was finely exemplified; or, that although the

extent of the first and second accession was very evident and well defined, yet it was, in some of the cases, impossible to say when they ceased to take place, as at last the redness amounted to little more than a blush. The most striking instance of this was in No. 6, when, after the redness was observed from the ear and forehead down to the breast, it was traced no farther; yet the whole cuticle of the hands and feet afterwards peeled off, as in *Scarlatina*, showing that the affection had travelled over the whole body.

Of the ten cases, three only were admitted affected with the disease, and seven were seized with it in the wards. I could not, however, satisfy myself that it was owing to contagion in any instance. The first female case was admitted with the disease on the 13th of May; in the second, the nature of the disease was not recognised till the 15th; but it is probable that it began on the 11th, before the admission of the first, with whom she had, moreover, no communication. She might, however, have derived her disease from contagion, as in the Surgical Wards most of the patients on whom slight operations were performed, were liable to be affected with the disease; and she had had incisions made on the scalp on the 10th and 13th. In the same manner, in the Men's Ward, the first patient, No. 10, was admitted affected on July 12th; and a patient already in the ward, No. 9, was seized on the 16th; but they could have had communication only indirectly, as No. 10. had never been out of bed. In all the patients seized in the wards, its commencement and seat seemed to be determined by some previous irritation. In No. 2. it commenced on the head, near an incision made upon the scalp. In Nos. 3. and 4. it attacked the mam-mæ, and both patients had had blisters applied to the breast. In No. 6. it came on after a blister applied behind the ear; and in No. 9, it began on the nose after the application of a leech. In No. 7. alone, no local cause of irritation could be traced; but the patient was habitually subject to the disease. It may also be remarked, that several other patients had threatening inflammation of the lancet wound after bleeding; but in one only did it proceed to any height, and in her it terminated fatally by gangrene of the brachial and pectoral muscles. None of the lancet wounds of those bled for the erysipelas inflamed; nor did parts to which blisters or leeches had been lately applied, exhibit any unusual appearance when erysipelas, in the course of its progress, reached them. In a few cases they were even applied directly to parts affected, without any bad consequences.

The effects of the remedies employed, and especially of venesection, will be rendered more evident by a short review of the practice in each case.

No. 1. occurred in a healthy married woman, who was admitted on the 8th day after the accession of pyrexia, large vesications having appeared on the 2d. The inflammation was still considerable; great febrile excitement, much gastric affection, disturbance of the mind, and constant moaning. She was bled to 20 oz. on the 8th, and again on the 9th. The blood was very buffy, and was much cupped. The febrile excitement was reduced, and the erysipelas did not extend. A blister was applied behind the left ear on the 9th, where the inflammation was then most lively. It rose and healed well, as if it had been applied to healthy skin. She was, however, far from being restored to health. She had constant retching, with tenderness of epigastrium, for which she was ordered a saline antimonial solution; and leeches, with fomentations, were applied to the epigastrium on the 10th, 14th, and 15th, always with relief. I was chiefly induced to employ leeches to the epigastrium so freely in this case, from Broussais's view of the disease, who considers the cutaneous inflammation as frequently sympathetic of the irritation of the gastric system. "The erysipelas of the head and face are very dangerous, because they induce cerebral and pulmonary congestion, and produce very intense *Gastro-enterite*. We have prevented them from proceeding to suppuration, by removing them very quickly by the application of leeches either to the epigastrium or the part first affected." * I had no reason to regret their employment; for the woman, who was in a very alarming state when admitted, was, in 10 days, well enough to be dismissed. The erratic nature of the inflammation, as affecting both the skin and the mucous membrane, was very apparent in this case.

The second case was extremely interesting; and, for some days, there was no hope of the recovery of the patient. This woman was attacked while in the hospital, and perhaps in consequence of the treatment recommended for another affection; increasing pains of head, with a tendency to coma, the consequence of blows received about six weeks before. On May 10th, an incision was made on a puffy swelling of the scalp, over the left parietal bone. She received instant relief; but at 3 p. m. she had a sudden accession of pain about the left ear; and, although it is probable this was the commencement of erysipelas, the incision was repeated more freely on the 13th. Instead of relief, this second incision caused intolerable pain, lasting several hours; and the wound, instead of healing immediately, as the first, showed a tendency to slough for some

* Leçons du Docteur Broussais sur les Phlegmasies Gastriques. Par E. De Caignou et A. Quemont, p. 256. 8vo. Paris, 1819.

days, which, however, did not take place. She almost immediately complained of stiffness and pain behind the ear, and in her neck, with swelling of the lymphatics, and had cold shiverings during the night of the 16th. Next morning erysipelas was observed to occupy the left side of the head. She was bled to 20 oz. on the 17th, and to 12 oz. on the 18th; but without any obvious effect in checking the disease, or lessening the general excitement. I was therefore deterred from pushing the practice farther; but I applied leeches to the epigastrium on the 19th, and to the forehead on the 22d. As she had constant loquacious delirium, and complained much of want of sleep, an anodyne antimonial draught was also given, which was quickly succeeded by quiet, or rather coma, lasting 24 hours. Leeches were again applied on the 23d to the top of the sternum; and after this she continued to recover, and had no complaint but what arose from the irritation of the eschar, produced by pressure on the nates which appeared on the 23d. A singular observation was made on the pulse of this woman. When admitted, it was irregular, which was ascribed to the affection of her head from the injury; but it became regular after she was attacked with erysipelas; and it again became irregular when she recovered. The heat of the surface was also remarkable, rising as high as 105 F. The following Table will show the progress of the pulse and heat, which were accurately noted.

May 15.	16.	17.		18.		19.		20.		21.		22.	
m.	m.	m.	v.	m.	v.	m.	v.	m.	v.	m.	v.	m.	v.
P. 78	108	120	110	120	120	120	88?	116	130	126	120	124	132
H.						105	105	104½	104½	104	103½	104½	104½

May 23.		24.		25.		26.	27.
m.	v.	m.	v.	m.	v.	m.	m.
P. 104	140	124	138	128	122	100	90
H. 100	101	102	100½			98	98

The effect of the anadoynes given on the morning of the 22d was remarkable; and afforded an additional instance to many I have already observed, of the good effects of the combination of anodynes and stimulants with the depletory practice. No particular effect was observed when the erysipelas spread in the course of its progress to the shoulders, between which a blister had been applied on the 19th; nor did the bite of the leeches applied on the 22d to the inflamed forehead, heal less kindly than usual. When the erysipelas affected both cheeks, the alabaster whiteness of the chin and upper lip, which it had not reached, was very striking. This appearance was afterwards observed in several other cases. As there were no obvious vesications in this case, it should be considered, according to Willan's Nosology, as a case of *Erythema marginatum*.

Case 3d occurred in a girl, a patient in the hospital for pleuritis, with some suspicion that the pericardium was affected, for which she had been bled to 30 oz., and leeches had been applied to the præcordia. On the evening after she was affected with erysipelas, a vein was opened, but only 14 oz. of blood got. This girl received much relief from the application of hot fomentations of vinegar and water to the part affected, which was the left mamma.

In Case 4th, the disease was also seated in the mammæ, first the left, and then the right. This girl, of a very full habit, had been a patient in the hospital from the 10th of June, having been seized with continued fever on the 5th. She was bled for the fever on the 10th to 30 oz., and on the 11th to 30 oz., and leeches were applied to the temples, and a blister to the sternum on the 13th. On the evening of the 18th, her erysipelas began. A vein was opened on the 19th, but only 12 oz. of buffy cupped blood were obtained: 30 oz. of the same appearance were drawn on the 21st, with imperfect relief. She received great benefit from cold lotions, and from suspending the mammæ, which in this case were enormously enlarged. The convalescence was very slow, and she suffered long after the erysipelas was terminated, from a kind of remittent fever, with colliquative sweating, which was at last checked by cinchona, but not until she was directed to remain out of bed as much as her strength would permit.

Case 5th was altogether slight. It occurred in the left temple, and was cured by cold lotions, without any detraction of blood.

Case 6th began around the left ear, in a woman of 54, in the greatest state of exhaustion from chronic diarrhœa. The disease was extensively erratic, but was easily borne. She was not bled, but got a little port wine, and had cold lotions.

Case 7th occurred in the right leg, in a woman in whom a similar attack, two years before, had left an affection greatly resembling *elephantiasis*, or *œdema durius*. The present attack commenced on the 25th. She was bled to 26 oz. on the 26th, which produced fainting, but greatly relieved her; and again, in consequence of a fresh attack, to 28 oz. on the 29th, with complete relief.

Case 8th was admitted affected with the disease. The case was chiefly remarkable on account of the age of the patient, who was in her 80th year. She was attacked on the 24th, and bled to 8 oz. on the 27th, with very great relief; and her convalescence was rapid.

Case 9th was a patient in the Hospital on account of an ulcerated throat, of a doubtful nature, whether syphilitic, sибbens, or scrophulous. The ulcers in his throat were touched with *mel æruginis*; and he got nitric acid, and a very little mercury. On the 9th of July the left *ala nasi* was inflamed, for which he applied a leech with relief. On the 12th, the right was similarly affected, and he again applied a leech. During the night of the 13th, he was accidentally much agitated, and exposed to cold, and was seized with tremors, headach, and pyrexia, with pain and swelling of the right salivary glands, and increased flow of saliva. On the 15th he was bled to 20 oz.; on the 18th to 30 oz.; and again, the same evening, to 24 oz. On the 20th to 28; and he was soon after convalescent; and on examining his throat, the original ulceration was almost healed; but, as he recovered strength, it again spread, and became deeper.

Case 10th was admitted as affected with general fever, which had commenced four days before. On the 13th July he awoke with acute pain of the right cheek; and, at the visit, it was observed affected with a tumefaction of a dark red colour, with a blueish or pale livid centre. He was bled to 20 oz., without any obvious benefit. I now thought to make a trial of the Italian method of Rasori and Tommassini, of treating inflammatory affections by contro-stimuli, and prescribed tartar emetic in frequent doses, dissolved in very little water, and desired the patient to refrain from drinking. Given in this way, tartar emetic, and some other powerful agents, are said to act as direct sedatives in inflammatory diseases, without producing the effects they usually evince when inflammation is not present. I persisted in this treatment till the 18th, when, in consequence of the disease continuing severe, and the ample experience I had had of the good effects of large venesection, I resolved to delay it no longer; and he was bled to 20 oz., and again the same evening to 20 oz. more, which seemed to have the effect of putting a stop to the progress of the disease; and his convalescence was good.

These cases, I think, sufficiently prove, that there is nothing in the nature of erysipelas essentially different from other inflammations. In ten cases occurring in immediate succession, the antiphlogistic treatment generally was employed with decided advantage. Two or three cases only were not bled, because they were so slight as not to require it; and wine was given to one patient only, in a state of extreme exhaustion from chronic disease. It cannot be said that these cases were all of that variety called phlegmonoid, which has always been considered to

require some depletion ; for, in their external appearance, they presented every variety of form ; and they occurred in patients of both sexes, at different ages, and in opposite states of previous health ; and, as I have repeatedly said, they were not selected as suited to the treatment employed, but were all that occurred. I am aware that something may have been owing to the constitution of the season or year, as all diseases are now considered to partake more of a phlogistic diathesis than formerly. But I cannot avoid coinciding with Prof. Hufeland, that the alleged periodical change in the character of diseases, depends as much upon fashion in medical opinion, as upon real difference in their nature. Sure am I, that the continued fever which we now treat antiphlogistically, is the very same that, thirty years ago, was treated with the most powerful stimuli.

It may also be alleged, that although erysipelas may bear and require the antiphlogistic treatment in Edinburgh and the country generally, that in London the same practice would prove injurious. But I am not aware that the opinion so generally entertained, that there is something in the air of the capital which renders the depleting practice less applicable to its diseases, is supported by sound observation. The same change in the treatment of continued fever has taken place in the metropolis as in the country ; and there is no proof that erysipelas and all other diseases are not the same in both.

Edinburgh, 20th August, 1821.

